

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16298

Registration District No. **13948**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. **4702**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5911 Coronado Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Eugene Eberius**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **489-05-7526**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sadie Lindsay** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **March 12, 1887**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **1** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Stuttgart, Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Pres. Eberius Elevator Co.**

11. Industry or business **Elevators**

12. Name **Eberius**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mamma**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sadie Eberius,**

(b) Address **5911 Coronado Ave.**

17. (a) **Burial** (b) Date thereof **5/23/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park**

18. (a) Signature of funeral director **Robert J. Ambruster**

(b) Address **Clayton Rd. at Concordia Lane**

19. (a) **MAY 22 1944 J. F. Bruders**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**  
(d) Street No. **5911 Coronado Ave** (If rural, give location) **91**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**  
year **1944** hour **4** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **about**  
**2 1/2 years**, 19\_\_\_\_, to **5/20/44**, 19\_\_\_\_  
that I last saw him alive on **May 20th**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Hemiplegia (left side)** 5 1/2 years

Due to **Diabetes** 10 years or more

Other conditions **Spine of left leg**  
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations \_\_\_\_\_

Of autopsy **No autopsy**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **W. M. Olding** (M.D. or other) **D. O.**  
**346-17 Frisco Bldg.** Date signed **5/24/44**

JUL 25 1944

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**